

2027



Annual Open Enrollment Handbook

October 20 – November 2



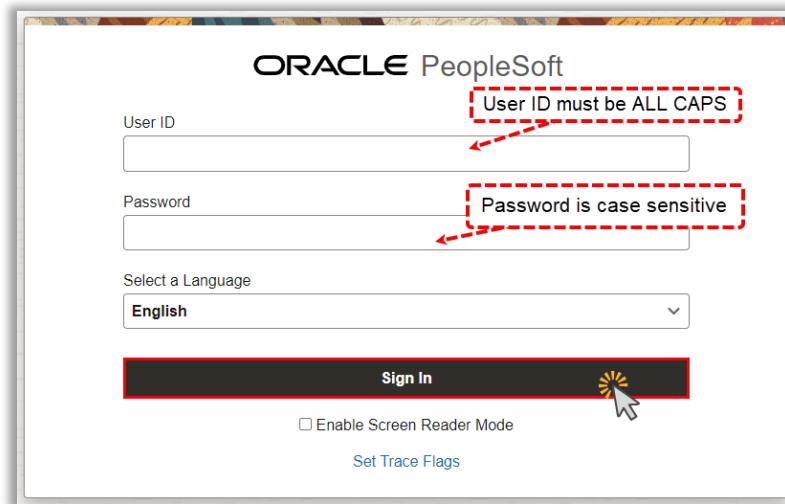


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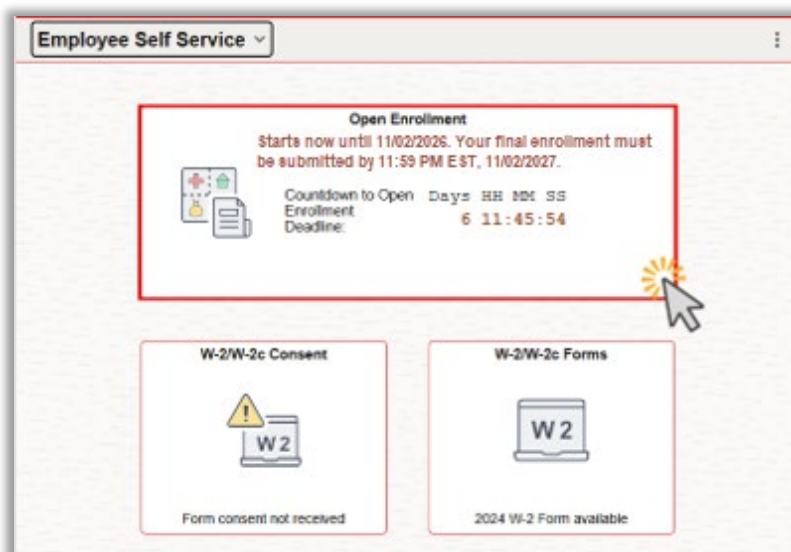
ACCESSING EMPLOYEE BENEFITS

1. Enter your SIM **User ID** and **Password**.
2. Click on the **Sign In** button.



The *Employee Self Service* main page will display:

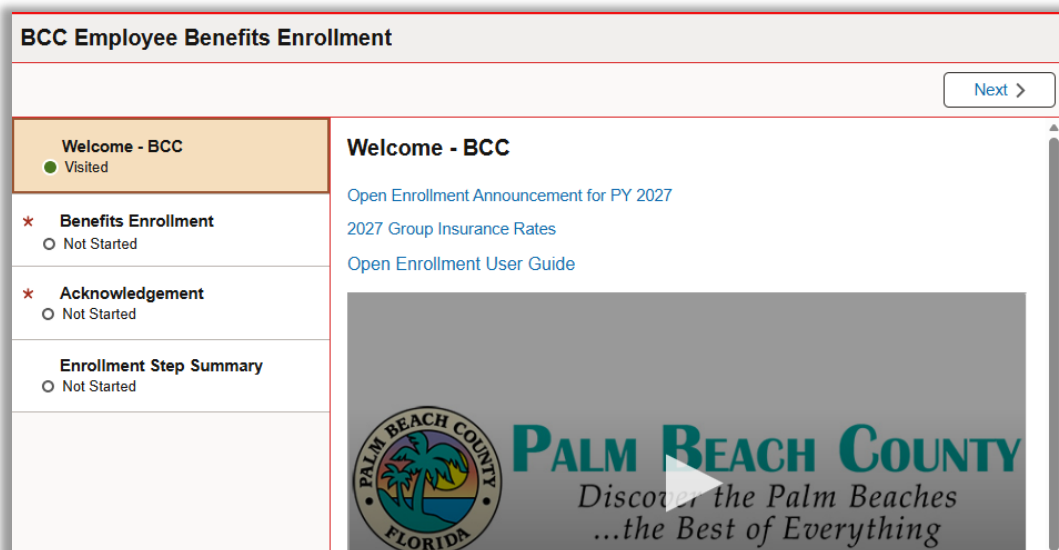
3. Click on the **Open Enrollment** tile. It displays a countdown and deadline to complete your benefit selection.



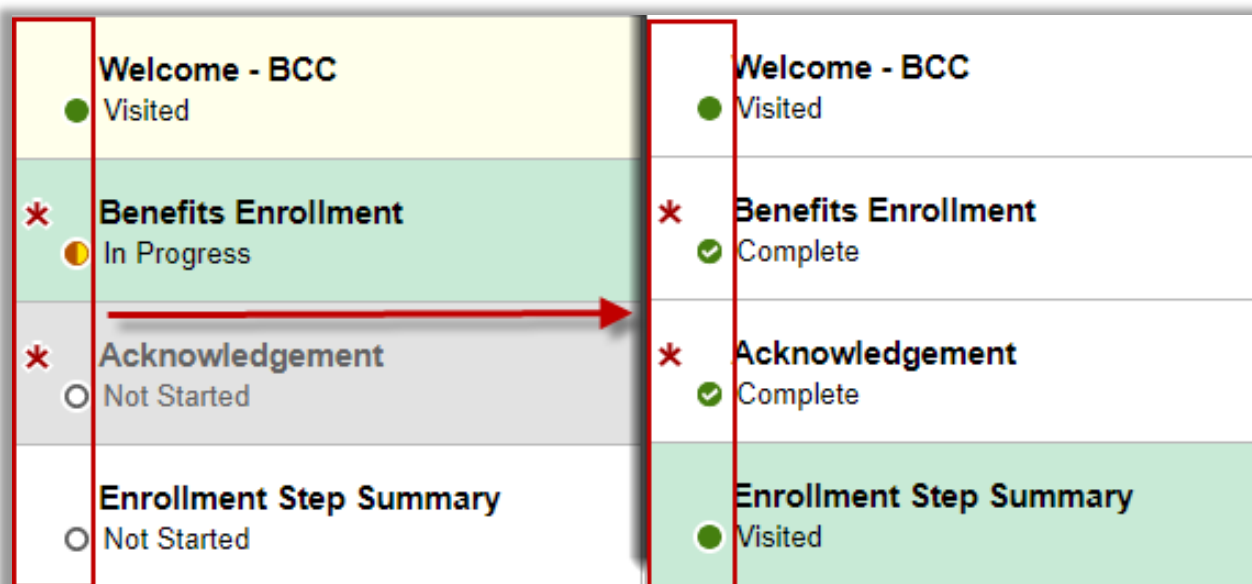
BENEFITS ENROLLMENT

Welcome to the new **BCC Employee Benefits Enrollment** page. Click **Next** to get started

Let's navigate the layout of your **Employee Benefits Enrollment** page.



You must successfully complete each session in order to have your selections properly updated in the system.



ENROLLMENT SUMMARY

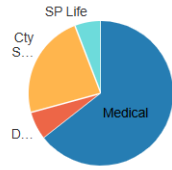
This section allows employees to view the total deductions on their paycheck as they update their benefits. Once all selections have been made, employees can Review Enrollment and Submit Enrollment in order to successfully finalize their benefits elections.

Benefits Enrollment

* Indicates required field

The **Enrollment Overview** displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost \$156.04 Status Pending Review *Excess Credit Gross Pay Submit	Full Cost \$156.04 General Credits \$0.00 Plan Credits \$0.00 Employer Cost \$885.01	
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BENEFIT PLANS

Below are all the benefits currently available for employee selection. Employees can customize the screen layout to their preference:

Benefit Plans

Medical
 Current HMO NHP Flex - Pre Tax
 New HMO NHP Flex - Pre Tax
 Status ✔ Changed
 2 Dependents
 Pay Period Cost **\$170.00**

Dental
 Current DHMO Pre Tax
 New DHMO Pre Tax
 Status **Pending Review**
 1 Dependents
 Pay Period Cost **\$9.91**

Benefit Plans

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	HMO NHP Flex - Pre Tax	HMO NHP Flex - Pre Tax	2 Dependents	\$170.00	✔ Changed	Review
Dental	DHMO Pre Tax	DHMO Pre Tax	1 Dependents	\$9.91	Pending Review	Review

Benefit Status Legend:

Pending Review: needs to be revised	Visited: tile has been accessed, reviewed
Changed: updated benefit selection	Error: needs update related to another selection



ENROLLING A DEPENDENT

1. Click on **Add/Update Dependent** (if necessary).

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
☒ PETER STARK	Child
☒ MORGAN STARK	Spouse

Add/Update Dependent

Previously enrolled dependents will appear.

ADD A NEW DEPENDENT

2. Click on the **Add Individual** button.

Dependent and Beneficiary Information

Add Individual

Name	Relationship	Beneficiary	Dependent
PETER STARK	Stepchild	✓	
MORGAN STARK	Child	✓	✓

3. Enter the following **required fields** for your new dependent:

- A. Click on the **Add Name** button.
- B. Enter **First Name** and **Last Name**. ***Required**
- C. Click **Done**.

Add Individual Dependent/Beneficiary Information

Cancel Save

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 9/30/2024.

* Indicates required field

Name **A**

Add Name

Name

Cancel Done **C**

Name Format English

Name Prefix

***First Name** **B**

Middle Name

***Last Name**

Name Suffix

Display Name

Formal Name

Name

Required Fields

Enter the following required fields:

D. Enter Person Information.

E. Select **Save**.

Add Individual Dependent/Beneficiary Information

Personal Information

Date of Birth: MM/DD/YYYY

*Gender: [Dropdown]

*Relationship to Employee: [Dropdown]

Dependent

Beneficiary

*Marital Status: Single [Dropdown]

*Student: No [Dropdown]

*Disabled: No [Dropdown]

*Smoker: Non Smoker [Dropdown]

As of: MM/DD/YYYY

As of: MM/DD/YYYY

As of: [Empty]

As of: MM/DD/YYYY

Required Fields

Address

Address	Address Type	Same Address as mine
	Home	Same as mine

National ID

No National ID exists.

Add National ID

Phone

No Phone exists.

Add Phone

Email

No Email exists

Add Email

Social Security Number is only required for enrolling dependents for medical coverage.

4. Verify the new dependent has been successfully added. You may add additional dependents by repeating the process. When done and click on the **X** to return to the selection page.

Dependent and Beneficiary Information

Add Individual

Name	Relationship	Beneficiary	Dependent
PETER STARK	Stepchild	✓	
MORGAN STARK	Child	✓	✓

MEDICAL

To make changes to your medical plan, follow the steps below:

1. Select the **Medical Tile** or **Medical Line**.

Medical

Current

HMO NHP Flex - Pre Tax

New

HMO NHP Flex - Pre Tax

Status

Pending Review

2 Dependents

Pay Period Cost

\$170.00

Review

Benefit Plans						
Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	HMO NHP Flex - Pre Tax	HMO NHP Flex - Pre Tax	3 Dependents	\$170.00	Visited	Review

The medical program will continue to be offered by **United Healthcare (UHC)**.

The medical options are:

HMO NHP Flex
POS NHP Flex
CHOICE

Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

Review the information posted on MyBenefits about the UHC plans. A recorded info session about UHC plans is posted on MyBenefits at this time.

If you have any questions about the UHC offerings, please contact:

Evelyn Giraldo – Evelyn_Giraldo@uhc.com or 561-233-5474

Leslie Smalley – Leslie_Smalley@uhc.com or 561-233-5463

The County offers three medical plans. The HMO and CHOICE plans are **in-network only** plans and a POS plan. Only the POS plan includes out-of-network benefits. Or, you may waive medical coverage. If you waive medical coverage, you cannot enroll in the medical plan, until the next applicable open enrollment period, or within 31 days of a qualified family status change.

The County offers a benefit incentive for qualified employees who decline medical insurance, or "opt-out" of the Group's medical plan, because they are otherwise covered under another qualified medical plan. This program does not automatically continue from year to year. Forward your proof of other coverage to your group insurance office at this time and no later than Nov 5, 2026 to ensure you are eligible for the credit in the upcoming plan year. Opt-out benefit credit - does not apply to an employee who is enrolled in a plan to which BCC contributes (including medical plans of BCC, Palm Tran, Supervisor of Elections, PBC Fire Rescue Benefit Fund).

Note: If you are enrolling dependents in the health plan, you must provide each dependent's social security number, in addition to acceptable and timely dependent verification documents, to your group Insurance Office.

Anyone who is eligible for coverage as an employee cannot be covered as a dependent.

2. Select a **Dependent**.

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
☒ PETER STARK	Spouse
☐ MORGAN STARK	Adult Child

Add/Update Dependent

3. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan

The EE + 2 or more Dependents (3C) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
☒	HMO NHP Flex - Pre Tax		\$170.00				\$1113.60	\$170.00
Select	POS NHP Flex - Pre Tax		\$250.50				\$1144.18	\$250.50
Select	National Choice - Pre Tax		\$221.00				\$1113.60	\$221.00
Select	Waive	Proof Required			\$38.46			\$-38.46

[Overview of All Plans](#)



If you change your medical benefit selection, you may receive a warning that you must change your **Long Term Disability**. Click **Yes** to proceed.

Changing your Medical plan would affect your Long-Term Disability enrollment.
You have chosen a HMO Upgraded 60% LTD that requires you to enroll in HMO NHP Flex - Pre Tax.
Do you still want to change the Medical plan?
Select Yes to continue, No to keep your current Medical plan.

Yes

No

4. Click **Done** to complete and return to the Benefit Plans.

[Cancel](#) **Medical** [Done](#)

The medical program will continue to be offered by United Healthcare (UHC).

The medical options are:

HMO NHP Flex
POS NHP Flex
CHOICE

Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

Resources

- [United Healthcare Providers](#)
- [UHC Medical Plan Comparison](#)
- [UHC Pre-Member](#)

If you changed your enrollment plan, the Status will be updated accordingly:

Medical	Medical
Current HMO NHP Flex - Pre Tax	Current HMO NHP Flex - Pre Tax
New HMO NHP Flex - Pre Tax	New POS NHP Flex - Pre Tax
Status Pending Review	Status Changed
2 Dependents	2 Dependents
Pay Period Cost \$170.00	Pay Period Cost \$250.50
Review	Review

DENTAL

1. Select the **Dental Tile** or **Dental Line**.

Dental

Current Premier PPO 5 - Pre Tax

New Premier PPO 5 - Pre Tax

Status Visited

2 Dependents

Pay Period Cost \$52.33

Review

Dental
DHMO Pre Tax
DHMO Pre Tax
2 Dependents
\$52.33
Pending Review
Review

Cancel
Dental
Done

Beginning January 1, 2027, the County's dental plans will be administered by UnitedHealthcare (UHC), replacing Solstice Benefits. The dental plan designs and coverage will remain substantially the same.

Employees currently enrolled in a Solstice dental plan will automatically be enrolled in the corresponding UHC dental plan for 2027, as shown below:

- Solstice Basic DHMO → UHC Basic DHMO
- Solstice Enhanced DHMO → UHC Enhanced DHMO
- Solstice Low PPO → UHC Low PPO
- Solstice High PPO → UHC High PPO
- Solstice Premier PPO → UHC Premier PPO

Employees may change their dental plan or coverage level during Open Enrollment if the corresponding UHC plan does not meet their needs.

The UHC dental provider network closely aligns with the current Solstice network, which should minimize disruption. In addition, employees enrolled in a PPO plan will have access to additional UHC dental providers who may not have participated in the Solstice PPO network. Employees are encouraged to confirm that their dental provider participates in the applicable UHC network before receiving services in 2027.

Dental premiums will increase slightly. For example, the employee-only premium for the UHC Basic DHMO will increase by \$0.29 per pay period, while the family premium will increase by less than \$1.00 per pay period.

Please review the 2027 Dental Frequently Asked Questions for additional information about the transition and the UHC dental plans. Premiums for all available dental plans are provided in the Group Insurance Rates posted on the Welcome Page.

The following plans are offered; please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

DHMO:

- Basic DHMO
- Enhanced DHMO

DPPO:

- Low PPO
- High PPO
- Premier PPO

There are distinct differences among these plans; review the Group Insurance Information booklet, as well as the dental plan documents for details, including waiting periods, limitations, coverage maximums, and exclusions.

It is highly recommended that prior to having dental work started, you request a pre-treatment plan or estimate through your dental office and UHC for all treatments over \$300. Should you have any questions regarding your treatment plan, please refer to your Schedule of Benefits or contact UHC.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

Resources
Dental FAQs

2. Select a **Dependent**.

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
☒ PETER STARK	Spouse
☐ MORGAN STARK	Adult Child

Add/Update Dependent

3. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan

The EE + 2 Dependents (3A) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the blue information icon corresponding to each plan option.

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	DHMO Pre Tax		\$14.10				\$14.10
Select	Low PPO Pre Tax		\$22.65				\$22.65
Select	High PPO Pre Tax		\$42.24				\$42.24
Select	Enhanced DHMO 4 - Pre Tax		\$16.93				\$16.93
✓	Premier PPO 5 - Pre Tax		\$52.33				\$52.33
Select	Waive						\$0.00

[Overview of All Plans](#)

4. Click **Done** to complete and return to the Benefit Plans.

[Cancel](#) **Dental** [Done](#)

The dental program will continue to be offered by Solstice Benefits, Inc. The following plans are offered; please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year. [Resources](#)

If you changed your enrollment plan, the Status will be updated accordingly:

Dental	Dental
Current Premier PPO 5 - Pre Tax	Current Premier PPO 5 - Pre Tax
New Premier PPO 5 - Pre Tax	New High PPO Pre Tax
Status Pending Review	Status Changed
2 Dependents	2 Dependents
Pay Period Cost \$52.33	Pay Period Cost \$42.24
Review	Review

LIFE AND COUNTY SUPPLEMENTAL LIFE

IMPORTANT:



COUNTY SUPPLEMENTAL LIFE



Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment (AD&D) insurance that provides your beneficiaries with additional financial security if you die or lose a limb or sight due to an accident.

Beginning January 1, 2027, the County's group term life insurance plans will be administered by Securian Financial, replacing The Standard. The plan designs and coverage will remain substantially the same.

Employees currently enrolled in a Standard life plan will automatically be enrolled in the corresponding **Securian** life plan.

Premiums for the life insurance program will decrease by approximately 20% overall. Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

During open enrollment employees may increase supplemental life by one step of \$10,000 as long as the resulting coverage does not exceed the guaranteed issue limit of \$300,000.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

1. Select the **County Supplemental Life** tile or **County Supplemental Life** line.

County Supplemental Life

Current

County Addtl Life Insurance 50 \$50,000

New

County Addtl Life Insurance 50 \$50,000

Status

Pending Review

Pay Period Cost

\$7.30

Review

County Supplemental Life	County Addtl Life Insurance 50 \$50,000	County Addtl Life Insurance 50 \$50,000	\$7.30	Pending Review	Review
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2. If you need to make changes to a selection, click the **Review** button for one of the plans listed.

Benefit Plans

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	National Choice - Pre Tax	National Choice - Pre Tax	0 Dependents	\$221.00	Pending Review	Review
Dental	Premier PPO 5 - Pre Tax	Premier PPO 5 - Pre Tax	0 Dependents	\$52.33	Pending Review	Review
Life	County Basic Life \$25,000	County Basic Life \$25,000		\$0.00	Not Available	Review
County Supplemental Life	County Addtl Life Insurance 50 \$50,000	County Addtl Life Insurance 50 \$50,000		\$7.30	✓ Changed	Review
Dependent Life	Waive	Waive		\$0.00	Pending Review	Review
Spousal Life	Waive	Waive		\$0.00	Pending Review	Review
Short-Term Disability	County Short Term Disability	County Short Term Disability		\$9.77	Pending Review	Review
Long-Term Disability	CHOICE Upgraded 60% LTD	CHOICE Upgraded 60% LTD		\$6.18	Pending Review	Review
Flex Spending Health - U.S.	No Coverage	No Coverage		\$0.00	Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Legal Services	No Coverage	No Coverage		\$0.00	Pending Review	Review

3. Click **Done**.

[Cancel](#) **County Supplemental Life** [Done](#)

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment.

[Resources](#)

DEPENDENT LIFE

1. Select the **Dependent Life Tile** or **Dependent Life line**.

Dependent Life

Current Waive
New Waive
Status Pending Review

Pay Period Cost \$0.00

Review

Dependent Life	Waive	Waive	\$0.00	Pending Review	Review
----------------	-------	-------	--------	----------------	--------



Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount elected cannot exceed 100% of your Basic and Supplemental Life Insurance combined. The premium remains the same, regardless of the number of children covered.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan						
	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost
Select	County Dependent Life 5K (\$5,000)		\$0.15			\$0.15
Select	County Dependent Life 10K (\$10,000)		\$0.29			\$0.29
✓	Waive					\$0.00

3. Select a **Dependent**.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

Dependents	Relationship
☒ PETER STARK	Child
☐ MORGAN STARK	Spouse

Add/Update Dependent

4. Click **Done**.

Cancel

Dependent Life

Done

Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount

Resources

4. Select the **Spousal Life Tile** or **Spousal Life Line**.

Spousal Life

Current Waive

New Waive

Status Pending Review

Pay Period

Cost \$0.00

Review

Spousal Life	Waive	Waive	\$0.00	Pending Review	Review
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Beginning January 1, 2027, the County's group term life insurance plans will be administered by Securian Financial, replacing The Standard. The plan designs and coverage will remain substantially the same.

Employees currently enrolled in a Standard life plan will automatically be enrolled in the corresponding **Securian** life plan.

Premiums for the life insurance program overall will decrease by approximately 20%. Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

The amount elected cannot exceed 100% of your basic and supplemental insurance combined.

During the open enrollment period you can elect or increase spouse/domestic partner coverage by \$5,000 without Evidence of Insurability (EOI) of your spouse/domestic partner, as long as the resulting coverage does not exceed \$50,000.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

Newly elected coverage for your spouse/domestic partner is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

Spousal life will be offered by The Standard.

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

The amount elected cannot exceed 100% of your basic and supplemental insurance combined.

During the open enrollment period you can elect or increase spouse/domestic partner coverage by \$5,000 without Evidence of Insurability (EOI) of your spouse/domestic partner, as long as the resulting coverage does not exceed \$50,000 and provided your spouse/domestic partner has not been previously declined by The Standard.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

Newly elected coverage for your spouse/domestic partner is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

5. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan								
	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Spousal Life & AD&D 5K (\$5,000)			\$0.73				\$0.73
Select	County Spousal Life & AD&D 10K (\$10,000)	Proof Required		\$1.46				\$1.46
Select	County Spousal Life & AD&D 15K (\$15,000)	Proof Required		\$2.19				\$2.19
Select	County Spousal Life & AD&D 20K (\$20,000)	Proof Required		\$2.92				\$2.92
Select	County Spousal Life & AD&D 25K (\$25,000)	Proof Required		\$3.65				\$3.65
Select	County Spousal Life & AD&D 30K (\$30,000)	Proof Required		\$4.38				\$4.38
Select	County Spousal Life & AD&D 35K (\$35,000)	Proof Required		\$5.11				\$5.11
Select	County Spousal Life & AD&D 40K (\$40,000)	Proof Required		\$5.84				\$5.84
Select	County Spousal Life & AD&D 95K (\$95,000)	Proof Required		\$13.87				\$13.87
Select	County Spousal Life & AD&D 100k (\$100,000)	Proof Required		\$14.60				\$14.60
✓	Waive							\$0.00

6. Select a **Dependent**.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

Dependents	Relationship
☒ PETER STARK	Child
☐ MORGAN STARK	Spouse

Add/Update Dependent

7. Click **Done**.

Cancel

Spousal Life

Done

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

Resources

SHORT-TERM DISABILITY

1. Select the **Short-Term Disability Tile** or **Short-Term Disability Line.**

Short-Term Disability

Current

County Short Term Disability

New

County Short Term Disability

Status

Pending Review

Pay Period Cost

\$9.77

Review

Short-Term Disability	County Short Term Disability	County Short Term Disability	\$11.83	Pending Review	Review
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Beginning January 1, 2027, the County's short-term disability insurance plan will be administered by UnitedHealthcare (UHC), replacing The Standard. The plan designs and coverage will remain substantially the same.

Employees currently enrolled in a Standard short-term plan will automatically be enrolled in the **UHC** short-term disability plan.

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. The plan is designed to partially fill any gap in your existing sick leave bank until you recover or become eligible for Long-term disability (if enrolled).

Premiums for the disability program overall will decrease by approximately 24%.

IMPORTANT: The short-term disability premium calculation will change from a flat rate to a calculation based on the employee's weekly benefit. Employees earning less than \$71,000 annually will see a decrease in short-term disability premiums. Employees earning \$71,000 or more annually are expected to see an average increase of approximately \$2.50 per pay period, with a maximum increase of approximately \$3.75 per pay period.

Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

For Plan Year 2027 Open Enrollment, UHC is offering employees an opportunity to newly elect STD coverage without Evidence of Insurability (EOI), meaning no health questions are required.

Applications for disability coverage other than new hire elections or open enrollment elections (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect

Sick leave and salary continuations offset (reduces) the short term disability benefit.

The plan will not pay any disability benefits for a disability that results, directly or indirectly from injury or sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law. Review the coverage certificate for complete list of limitations and exclusions.

Note: If you are a worker of the CWA bargaining unit, please review your contract. CWA offers its own short-term disability benefit program separately and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short-term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
☒	County Short Term Disability		\$9.77				\$9.77
Select	Waive						\$0.00

3. Click **Done**.

Cancel

Short-Term Disability

Done

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

Resources

LONG-TERM DISABILITY

1. Select the **Long-Term Disability Tile** or **Long-Term Disability Line.**

Long-Term Disability

Current

CHOICE Upgraded 60% LTD

New

CHOICE Upgraded 60% LTD

Status

Pending Review

Pay Period Cost

\$6.18

Review

Long-Term Disability	CHOICE Upgraded 60% LTD	CHOICE Upgraded 60% LTD	\$6.18	Pending Review	Review
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Beginning January 1, 2027, the County's long-term disability insurance plan will be administered by UnitedHealthcare (UHC), replacing The Standard. The plan designs and coverage will remain substantially the same. Employees currently enrolled in a Standard long-term disability plan will automatically be enrolled in the corresponding **UHC** long-term disability plan.

Long-Term Disability (LTD) offers income replacement to provide financial protection for you and your family if you can't work over an extended period of time due to injury or illness.

Premiums for the disability program are projected to decrease by approximately 24% overall for PY 2027. Premiums for long-term disability will decrease across the board. Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

If you are enrolled in the HMO plan or CHOICE medical plan, the County provides a basic LTD plan to you, at no cost. If you are enrolled in the medical HMO plan or CHOICE plan and want to increase your monthly LTD benefit amount, you can elect the upgraded LTD and pay the applicable premium.

If you have enrolled in the POS medical plan or have declined medical coverage through the County, the only LTD benefit you are eligible for is the voluntary LTD benefit. The premium for voluntary LTD is fully paid by the employee.

For Plan Year 2027 Open Enrollment, UHC is offering employees an opportunity to newly elect or upgrade LTD coverage without Evidence of Insurability (EOI), meaning no health questions are required.

Applications for disability coverage other than new hire elections or open enrollment (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect.

Pre-existing condition limitations continue to apply for LTD coverage.

Sick leave, salary continuations and Workers' Compensation offset (reduce) this benefit.

Note: If you are a worker of the CWA bargaining unit, please review your contract. CWA offers its own short-term disability benefit program separately and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short-term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	HMO Basic 50% LTD					\$38.40	\$0.00
Select	HMO Upgraded 60% LTD		\$7.78		\$1.60		\$6.18
Select	CHOICE Basic 50% LTD					\$38.40	\$0.00
✓	CHOICE Upgraded 60% LTD		\$7.78		\$1.60		\$6.18
Select	County Voluntary 60% LTD		\$9.97				\$9.97
Select	Waive						\$0.00

3. Click **Done**.

Cancel Long-Term Disability Done

Long-Term Disability (LTD) offers income replacement to provide financial protection for you and your family if you can't work over an extended period of time due to injury or

Resources

FLEX SPENDING HEALTH – U.S.

1. Select the **Flex Spending Health – U.S. Tile** or **Flex Spending Health – U.S Line**.

Flex Spending Health - U.S.

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost \$0.00

Review

Flex Spending Health - U.S.	No Coverage	No Coverage	\$0.00	Pending Review	Review
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The Health Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for out-of-pocket health care expenses for you and your eligible dependents. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The health care FSA typically covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

2. Click the **Select** button for County FSA Health Care.

Enroll in Your Plan

Plan Name	Select
County FSA Health Care	Select
Waive	Select

3. Click on **Flexible Spending Account Worksheet**.

Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

Minimum Employee Pledge \$260.00
Maximum Employee Pledge \$3,400.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$10,900.00.

[Flexible Spending Account Worksheet](#)

4. There are two options to calculate your annual pledge:
 - a. Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from Annual Pledge

Your New Annual Pledge 1,000.00

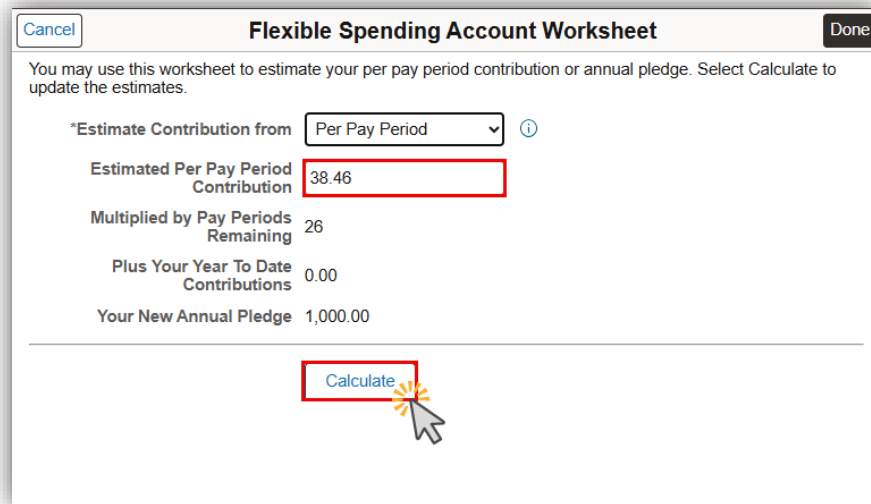
Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution 38.46

[Calculate](#)

- b. Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.



Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from Per Pay Period ⓘ

Estimated Per Pay Period Contribution 38.46

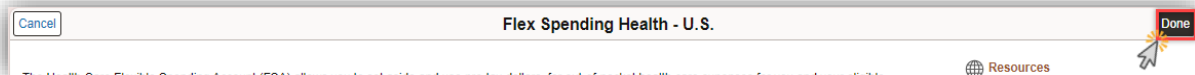
Multiplied by Pay Periods Remaining 26

Plus Your Year To Date Contributions 0.00

Your New Annual Pledge 1,000.00

Calculate

5. Click **Done**.



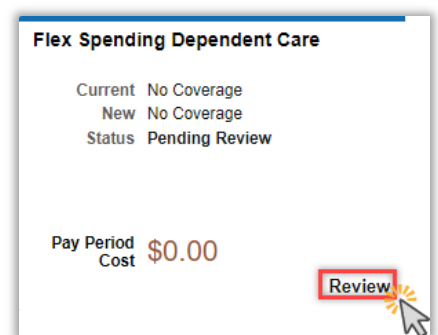
Flex Spending Health - U.S.

Done

FLEX SPENDING DEPENDENT CARE

The Flexible Spending Dependent Care covers money you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. **Important, this account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.**

1. Select the **Flex Spending Dependent Care Tile** or **Flex Spending Dependent Care Line**.



Flex Spending Dependent Care

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost \$0.00

Review

Flex Spending Dependent Care	No Coverage	No Coverage	\$0.00	Pending Review	Review
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The Dependent Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for dependent care expenses incurred during the plan year. Your FLEX contribution reduces your taxable income and may increase your take home pay. Once your coverage is effective, whenever you have an eligible expense and when you have sufficient balance available in your dependent care account, you can either pay for the expense with your FLEX debit card or submit a claim to P&A Group for reimbursement. The dependent care account generally covers amounts you pay to daycare centers, baby-sitters, caregivers or after school programs so that you and your spouse can work (overnight camps are NOT eligible).

The Dependent Care FSA is NOT for the out of pocket medical expenses of your dependents. It is for child care or other care giver expenses that allow you and your spouse to work.

The annual household maximum of **dependent care** FSAs is **\$7,500**, if married filing joint return (or \$3,750, if married filing separately). *The dependent care FSA program is subject to IRS Non-Discrimination testing. The IRS requires this testing to ensure a plan does not favor highly compensated employees. If you are a highly compensated employee, there is a possibility that your annual dependent care FSA may be reduced to maintain the tax preferred status of the program.*

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year, and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

Who qualifies for the Dependent Care FSA?

Dependent Care FSA funds are generally used for care expenses for a child under age 13 who meets the IRS definition of a **qualifying child**. Generally, the child must:

- Live with you for more than half the year;
- Be your child, stepchild, adopted child, foster child, sibling, stepsibling, or a descendant of one of these; and
- Not provide more than half of their own support.

If you are divorced or separated, you generally must be the **primary custodial parent** to use the Dependent Care FSA for your child, regardless of which parent claims the child on their federal tax return. Noncustodial parents should consult a tax or legal advisor regarding special rules that may apply.

Certain other individuals, including a **disabled spouse or disabled tax dependent**, may also qualify under IRS rules.

The Dependent Care FSA is NOT for the out-of-pocket medical expenses of your dependents. It is for childcare or other caregiver expenses that allow you and your spouse to work.

If you are unsure whether your dependent qualifies, please contact P&A at **800-688-2611** before making your election. Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

2. Click the **Select** button for County FSA Health Care.

Plan Name	
Select	County FSA Dependent Care
Select	Waive

3. Click on **Flexible Spending Account Worksheet**.

Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

Minimum Employee Pledge \$260.00
Maximum Employee Pledge \$7,500.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$10,800.00.

[Flexible Spending Account Worksheet](#)

4. There are two options to calculate your annual pledge:
- Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from: Annual Pledge ⓘ

Your New Annual Pledge: 1,000.00

Minus Your Year To Date Contributions: 0.00

Divided by Pay Periods Remaining: 26

Estimated Per Pay Period Contribution: 38.46

Calculate

- Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from: Per Pay Period ⓘ

Estimated Per Pay Period Contribution: 38.46

Multiplied by Pay Periods Remaining: 26

Plus Your Year To Date Contributions: 0.00

Your New Annual Pledge: 1,000.00

Calculate

5. Click **Done**.

Flex Spending Dependent Care

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is

Done

LEGAL SERVICES

1. Click on the **Legal Services Tile** or **Legal Services Line**.

Legal Services

Current

Waive

New

Waive

Status

Pending Review

Pay Period Cost

\$0.00

Review

Legal Services	Waive	Waive	\$0.00	Pending Review	Review
----------------	-------	-------	--------	----------------	--------

2. Click the **Select** button for Pre-Paid Legal Plan.

The Pre-Paid Legal Plan will reduce the costs of covered legal services for you, and your family, when you use an in-network attorney.

Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	Pre-Paid Legal Plan		\$7.98				\$7.98
✓	Waive						\$0.00

3. Click **Done**.

Cancel

Legal Services

Done

SUBMITTING ENROLLMENT

Your selections and updates are not finalized until you submit your benefits elections. Once you have selected and reviewed all of your benefits options, click on the **Submit Enrollment** button.

All of your benefit changes will be effective January 1, 2027, unless subject to successful completion of Evidence of Insurability, which requires approval by the respective carrier.

▼ Enrollment Summary

Your Pay Period Cost	\$237.36	Full Cost	\$239.51	
Status	Pending Review	General Credits	\$0.00	
*Excess Credit	Gross Pay ▼	Plan Credits	\$-2.15	
		Employer Cost	\$1,115.81	

Submit Enrollment

A prompt will appear confirming the benefit choices have been successfully submitted. Click **Done**.

Done

Benefits Alerts

Instructions

Your benefit choices have been successfully submitted to the Benefits Department.

Select Done to return to the Benefits Enrollment Summary

Click **Next** to continue to the **Acknowledgment Task**.

BCC Employee Benefits Enrollment

< Previous **Next >**

Welcome - BCC
● Visited

★ **Benefits Enrollment**
● Complete

★ Acknowledgement
○ Not Started

Enrollment Step Summary
○ Not Started

Benefits Enrollment

The **Enrollment Overview** displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

▼ Enrollment Summary

Your Pay Period Cost	\$92.23	Full Cost	\$93.83	
Status	Submitted 10/20/2026	General Credits	\$0.00	
*Excess Credit	Gross Pay ▼	Plan Credits	\$-1.60	
		Employer Cost	\$475.28	

Submit

* Indicates required field

Carefully read the important text concerning your benefits choices.

Check the box for **I Agree** and click **Save**.

Acknowledgement

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing your Group Insurance Office to send the necessary personal information to your selected providers to initiate and support your coverage.

DEPENDENT COVERAGE

By clicking submit you are affirming that the dependents you have enrolled are eligible dependents of yours, in accordance with County PPM and applicable insurance policy/certificate. It is your responsibility to ensure your dependents continue to be eligible for coverage and you must notify your group insurance office IMMEDIATELY, if a dependent of yours loses eligibility (e.g. a "spouse" becomes an "Ex-spouse" due to divorce, and, therefore, can no longer remain covered under your group insurance plans). You must notify your Group Insurance Office to update your coverage and remove any ineligible dependents. If it is determined that employees have covered dependents not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review County PPM CW-P-023 for

☐ I Agree

Save

The Task will be updated with the Acknowledgment date and Time and Employee Name.

Acknowledged By

User ID	TSTARK	Name	TSTARK
Date/Time Stamp	10/20/2026 11:15:03AM		

Click **Next** to go to the **Enrollment Step Summary Task**.

BCC Employee Benefits Enrollment

[< Previous](#)
[Next >](#)

Read the instructions carefully and review your elections.

BCC Employee Benefits Enrollment

[< Previous](#)

Welcome - BCC

● Visited

★ **Benefits Enrollment**

● Complete

★ **Acknowledgement**

● Complete

Enrollment Step Summary

● Visited

Enrollment Step Summary

If you have submitted your enrollment, review your elections on the Benefits Statements step and keep a copy of your elections as a record. If you have not completed your elections, go to the Benefits Enrollment step and complete your elections and select the Submit Enrollment button.

You can return to this event before 11:59PM EST, 11/02/2026 by selecting the Open Enrollment tile on Employee Self Service. Once the open enrollment period ends, your elections will be validated and finalized. If you did not submit your elections, your enrollment will be based on the default options. Contact your benefits administrator if you have further question.

Steps

3 rows

Step	Status	Date Completed	Required	Go to Step
Welcome - BCC	● Visited		No	Go to Step
Benefits Enrollment	● Complete	10/20/2026	Yes	Go to Step
Acknowledgement	● Complete	10/20/2026	Yes	Go to Step



Remember you must ***finalize and submit your elections by November 2, 2026***. If you have already submitted your elections and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4237.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than ***Nov. 2***

Forward your ***proof of other coverage to your Group Insurance office by Nov. 2***, if you participate in the ***Opt-Out program***.



Closely review the open enrollment ***confirmation statement that will be mailed*** to your address on record in ***early December*** and notify your Group Insurance office of any errors immediately and in ***no event later than December 11, 2026***.

Additionally, ***review the paycheck dated January 15, 2027, for your Opt-Out credit***, if applicable, and notify your Group Insurance office of any discrepancies immediately.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not ***reported to your group insurance office by December 11, 2026***, cannot be corrected after this date.

Questions



If you have questions or need assistance with your group insurance options, contact your *group insurance office* at:

Tel: 561-233-5400

Palm Tran Tel: 561-841-4237

Fax: 561-242-7184

Email: Palm-benefits@pbc.gov

Email: bccmybenefits@pbc.gov

Review the *Open Enrollment Announcement* and other handouts posted on *MyBenefits*.

